

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020828

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED 10N 15 1962 318

Primary Registration District No. 1003

Registrar's No. 5593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

94 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE ILLINOIS b. COUNTY

admission)

c. CITY

OR

TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)
1009 North Ohio St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERT J. PALLANTE

4. DATE
OF
DEATH

Month

Day

Year

6/1/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/14/14

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

PAINTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

RIVERTON, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GABRIEL PALLANTE

13b. MOTHER'S MAIDEN NAME

RAPHAEL PASTA

14. NAME OF HUSBAND OR WIFE

Alberta Pallante

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alberta Pallante Chatham, Ill

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. // attended the deceased from 2/27/62

to

6/1/62

and last saw him alive on

6/1/62

Death occurred at 3:55 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. VAH, ST. LOUIS, MO.

22c. DATE SIGNED

6/1/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/6/62

23c. NAME OF CEMETERY OR CREMATORY

Camp Butler Cemetery

23d. LOCATION (City, town, or county)

Springfield, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southwick Funeral Home, Chatham, Ill.

25. DATE RECD. BY LOCAL REG.

JUN 4 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.